

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	62817	3/12/40
O.P.E. CLASSIFIER	<i>[Signature]</i>	5	3/22
FORMALITY REVIEW		67503	5-16-80
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 u ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/12/40
2	✓	✓	3/22
3	✓	✓	3/22
4	✓	✓	3/22
5	✓	✓	3/22
6	✓	✓	3/22
7	✓	✓	3/22
8	✓	✓	3/22
9	✓	✓	3/22
10	✓	✓	3/22
11	✓	✓	3/22
12	✓	✓	3/22
13	✓	✓	3/22
14	✓	✓	3/22
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26	✓	✓	3/22
27	✓	✓	3/22
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48	✓	✓	3/22
49	✓	✓	3/22
50	✓	✓	3/22

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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